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Bib Data Sheet

CONFIRMATION NO. 5797

|   |   |                               |   |                                       |                                |
|---|---|-------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/749,254  | <b>FILING DATE</b><br>12/27/2000<br><b>RULE</b>   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3739   | <b>ATTORNEY DOCKET NO.</b><br>687-424 |                                |
| <b>APPLICANTS</b><br>S. Robert Kovac, Atlanta, GA;<br>Robert E. Lund, Eagan, MN;  |   |                               |   |                                       |                                |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/238,958 10/09/2000   |   |                               |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 02/08/2001</b>  |   |                               |   |                                       |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>39             | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>25204   |   |                               |   |                                       |                                |
| <b>TITLE</b><br>Pelvic surgery drape  |   |                               |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>1342  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |